

(08/15)

In **3a**, enter the number of people age 18 and older living in your house who you support. Support means people who rely on you financially.

In **3b**, enter the number of people under age 18 living in your house who you support.

In **4**, check "Yes" if you have received at least 1 of the benefits listed in the past 4 weeks.

If you check "Yes" in **4**, skip **5** and sign below.

In **5a**, check "Yes" if you have applied for at least 1 of the benefits listed in section 3.

In **5b**, check the box for each type of money you have received in the past month. Also enter the gross (before taxes) amount for each type.

Include the money received by the people you support who live with you. Support means that the people rely on you financially.

In **5c**, check all of your expenses for the past month and list the monthly amounts. Include the expenses of the people you support who live with you.

3. I am providing the following information about people who live with me:

- a. I support _____ adults (*not counting myself*) who live with me.
- b. I support _____ children under 18 who live with me.

4. I have received 1 or more of the benefits listed below in the past 4 weeks:

☐ Yes ☐ No

- Supplemental Security Income (SSI) (Not Social Security)
- Aid to the Aged, Blind and Disabled (AABD)
- Temporary Assistance to Needy Families (TANF)
- State Children & Family Assistance
- Food Stamps (SNAP)
- General Assistance (GA)
- Transitional Assistance

****If you answered "Yes" in section 4, skip section 5 and sign below.****

5. I checked "No" in section 4, so I am providing the following financial information:

- a. I have applied for 1 or more of the benefits listed in section 4:

☐ Yes ☐ No

- b. I receive the following money each month. This includes money received by people I support who live with me. (*check all that apply*)

<input type="checkbox"/> My employment:	\$ _____	<input type="checkbox"/> Other people's employment:	\$ _____
<input type="checkbox"/> Child support:	\$ _____	<input type="checkbox"/> Social Security (not SSI):	\$ _____
<input type="checkbox"/> Pension:	\$ _____	<input type="checkbox"/> Unemployment:	\$ _____
<input type="checkbox"/> Other (<i>list type and amount</i>):	_____		\$ _____
<input type="checkbox"/> No income			

Total of all money received: \$ _____

- c. My current monthly expenses are listed below. This includes the monthly expenses of the people I support who live with me. (*check all that apply*)

<input type="checkbox"/> Rent:	\$ _____	per month
<input type="checkbox"/> Home Mortgage:	\$ _____	per month
<input type="checkbox"/> Other Mortgage:	\$ _____	per month
<input type="checkbox"/> Utilities:	\$ _____	per month
<input type="checkbox"/> Food:	\$ _____	per month
<input type="checkbox"/> Medical:	\$ _____	per month
<input type="checkbox"/> Car Loan:	\$ _____	per month
<input type="checkbox"/> Other (<i>list type and amount</i>):	_____	\$ _____ per month
<input type="checkbox"/> I have no expenses		

Total of all expenses: \$ _____

In **5d**, check all of the items owned by you and list the value of each item. Include the items owned by the people you support who live with you.

If you own real estate, include the total you owe on any mortgage.

d. I have the belongings listed below. This includes the belongings of the people I support who live with me. *(check all that apply)*

☐ Bank accounts and cash totaling: \$ _____

☐ Home real estate, worth: \$ _____

The total I owe on my home mortgage is: \$ _____

☐ Other real estate, not including the house I live in, worth: \$ _____

The total I owe on my other mortgage is: \$ _____

☐ 1st vehicle worth: \$ _____ The 1st vehicle is paid off: ☐ Yes ☐ No

☐ 2nd vehicle worth: \$ _____ The 2nd vehicle is paid off: ☐ Yes ☐ No

☐ Other *(list items and value)*: _____ \$ _____

☐ None of the above

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

The person who filled out this form must sign it.

If you are filling out this form for a minor or an incompetent adult, state your relationship.

**I certify that everything above is true and correct to the best of my knowledge.
I understand that making a false statement in this form could be perjury.**

Your Signature

Street Address

Your Current Name

City, State, ZIP

Relationship to Minor or Incompetent Adult (if applicable)

Telephone